Interdisciplinary Task Force on Antibiotic Resistance Wednesday, February 20, 2002 Meeting minutes

7:30 Welcome, Agenda Review, and Introductions

Dr. Jim DeMaio, Task Force Chairman, began the meeting with a welcome, agenda review and introductions.

7:40 Review Accomplishments and Future Direction

Dr. Jim DeMaio reviewed the past year's accomplishments and touched briefly on the tasks ahead.

7:50 Presentation of Controlling Antibiotic Resistance Manual

- ♦ Jean Wheeler, Education Subcommittee Leader, reviewed the manual in it's completed form.
- ♦ **ACTION:** Monica called for a vote to approve the manual as it is and ready it for publication, with a distribution target start of April 1st. Task Force voted to approve, with no objections.
- ♦ Christina announced the marketing plan, and a press conference to be held at the health department the next day, February 21st to introduce the manual to a visiting official from CDC and the press.

8:00 Report on Poster developed by Antibiotic Use subcommittee

- Christina reviewed a survey taken in the community on the effectiveness of the poster's message concerning whether or not to use antibiotics for a cold. The survey pointed out that the title of "Use Antibiotics Wisely" caused some confusion in the reader's mind.
- ♦ **ACTION:** The question was put to vote to alter the poster by trimming the title off the remaining stock. It passed unanimously.
- ♦ **DECISION:** Before more posters are printed a different title will be devised.
- Depending on availability of funding, a new survey may be taken after the altered posters have been distributed.
- Dana Hurley has a plan in place for distributing the poster state-wide.

8:10 Presentation of Pierce County antibiotic resistance data – MRSA & Streptococcus pneumoniae

Monica Raymond presented data on the strains of MRSA and *Streptococcus Pneumoniae* collected during 2001. See her annual report for more detail.

8:25 Future Focus

Each subcommittee leader spoke on the projects their respective committees will be working on in the coming year.

Inpatient Surveillance – Dr. Jim DeMaio

- Continue with data collection especially VRE in dialysis units
- Explore ways to reduce MRSA in hospitals and LTCF's, develop guidelines, and begin the task of getting the facilities to abide by them.
- ♦ **DECISION:** Task Force members were asked if they would like feedback on what they report and how they compare to other facilities. All agreed that they would.
- Dr. Dave Tison brought up the need to standardize how labs conduct tests; for example a new guideline would be that strep pneumo doesn't need to be tested against Vancomycin.

Inpatient Education – Jean Wheeler

- Concentrate on the distribution of the manual through channels already identified.
- Organize a large meeting to introduce and demonstrate the use of the manual.
- ♦ Locate and attend meetings where the manual can be distributed; and demonstrate its use.

Outpatient Soap – Norene Harvey

Focus on the household use of antibacterial products

Create a brochure which might contain a wallet-sized pop-out section listing products that do not contain antibacterial agents.

Add a tagline to the existing hand washing campaign.

Outpatient Antibiotic Use – Dr. Gregg Matsch

Continue to get the word out with the poster

Work with the programs the state is developing

Agriculture/Veterinary – Dr. John Grendon

Mentioned the 2 sections of the manual dealing with veterinary medicine and animal agriculture and that, since this is the first time these organizations have been included in something like this, it will be interesting to get their feedback.

Spoke about the meeting scheduled for March 12th where the project resulting from the F.A.R.M.E.R. grant will be introduced.

F.A.R.M.E.R. Grant – Monica Raymond

Reviewed the application for and winning of the grant, and detailed the project as gathering data from both animal and human settings concerning antibiotic resistance; building a database; working with veterinarians and animal agriculture groups to reduce the problem by developing low-cost interventions.